Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Nucor Corporation Political Action Committee 1915 Rexford Road ADDRESS (number and street) (Check if address is changed) Charlotte 28211-3441 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PAC@Nucor.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00379628 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Wilson, Emily, , Carole, Pesta Type or Print Name of Treasurer Wilson, Emily, , Carole, Pesta [Electronically Filed] 06 15 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

-	FC Fo	rm 1 (Revised 02/2009)	Page 2				
		COMMITTEE	1 aye 2				
Can	didate	lidate Committee:					
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.))				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand							
Cand Party	idate Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Part	y Con	/ Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Polit	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a				
		Corporation W/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		i aye 3
	ion Political Action Committee	
·	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
-	regumentally, rumated committee, some rumaning representative, or Leads	5.5/lip 1 /10 5p011501
Nucor Corporation		
Mailing Address	1915 Rexford Road	
Walling Address		
	Charlotte NC 28211	-3441
	CITY STATE	ZIP CODE
Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in	possession of committee
	nily, , Carole, Pesta	
Full Name	1915 Rexford Road	
Mailing Address		
	NO 2021	1-3441
	Charlotte NC 2821	-5441
Title or Position	CITY STATE	ZIP CODE
Mgr Fin Accounting	Telephone number 704	366 7000
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Wilson, Em	nily, , Carole, Pesta	
Mailing Address	1915 Rexford Road	
	Charlotte NC 28211	-3441
Title or Position	CITY STATE	ZIP CODE
Mgr Fin Accounting		366 7000

FEC Form	1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent	Keller, Mike, , ,	, , , , , , I				
Agent Mailing Address	1915 Rexford Road					
-	Charlotte NC 28211-3441 CITY STATE ZIP	CODE				
Title or Position Corporate Contr	roller Telephone number 704 - 366					
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Wells Fargo Bank						
Mailing Address	420 Montgomery St.					
	San Francisco CA 94104					
	CITY STATE ZIP	CODE				
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY STATE ZIP	CODE				

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Remove John Bass as Treasurer and add Carole Emily Wilson Pesta as Treasurer.

Form/Schedule: Transaction ID: